

**Employees' Retirement System  
Non Periodic Payment Authorization Form**

1. Choose Group #     COBERT     COBEOT

2. Type of Payment:     Cash Out     Death Benefits     Withdrawal of Contributions

**3. For Death Benefits Only:**

Deceased Member's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**4. CLAIMANT/BENEFICIARY — Date of Payment: \_\_**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Payee Type:**     Beneficiary     Participant     Estate

**SS#/TIN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**5. Rollover Eligibility:**     Yes     No

**6. PAYMENT ADDRESS**

Optional Line 1 (35 Characters) \_\_\_\_\_

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**7. Mailing Options:**

To Tax Address     To Rollover     Alternate Address     To 3<sup>rd</sup> Party Address

**8. If Rollover/3<sup>rd</sup> Party Address:**     Rollover     Alternate Payee

Rollover/Alternate Payee Name \_\_\_\_\_

Rollover Account # \_\_\_\_\_ For Benefits of: \_\_\_\_\_

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Claimant Name: \_\_\_\_\_ Claimant SS#: \_\_\_\_\_

<b>9. PAY SOURCES — Gross Payment \$</b> _____	
Employee Contribution \$ _____	Interest \$ _____
Taxable Amount \$ _____	Non-Taxable Amount _____
<b>(-) Federal Tax Withholding \$</b> _____	<b>State Tax Withholding</b> _____
<b>\$ Total Net Payment: \$</b> _____	

<b>10. DISTRIBUTION/TAX INFORMATION</b>	
<b>Distribution Type:</b> <input type="checkbox"/> Total <input type="checkbox"/> Partial	
<b>Category of Distribution:</b> <input type="checkbox"/> 1-Early(under 591/2) <input type="checkbox"/> 4-Death <input type="checkbox"/> 7-Normal	

1 <sup>st</sup> Analyst : _____	Date: _____
2 <sup>nd</sup> Analyst: _____	Date: _____
Supervisor: _____ (Less than \$5,000)	Date: _____
Manager: _____ (\$5,000 to \$9,999.99)	Date: _____
Deputy Director: _____ (\$10,000 or more)	Date: _____
Accounting: _____	Date: _____